

NOTE: THIS REPORT REPLACES THE ONE I SUBMITTED ON 2/19/09 AND ANY OTHER REPORT SUBMITTED BETWEEN THAT TIME AND THIS DATE (6/11/09). THIS FINAL REPORT CONTAINS CORRECTIONS TO THE ABOVEMENTIONED REPORT(S) AND INCLUDES ALL THE DATA IN THAT (THOSE) REPORT(S). Will Richards

File with: IA ETHICS AND
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4074

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

RICHARDS FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

WILLIAM THOM RICHARDS Political Party (if applicable) DEMOCRATIC

Office Sought

BOARD OF SUPERVISORS District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

William Thom Richards

641-455-6045
641-472-3149

6/11/09
DATE SIGNED

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

I AM FILING A

6/11/09
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

☒ CHECK IF AMENDMENT TO REPORT DATED

SEE NOTE AT TOP OF PAGE

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

JEFFERSON

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

975
\$ 1,644.99
- 0 -
- 0 -
\$ 1,654.74
\$ 1,604.74
50.00
\$ 1,654.74
- 0 -
- 0 -
- 0 -
YES NO
- 0 -

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/13/08	ID# CK#	CYNTHIA + ROBERT SWANSON 408 HEATHERWOOD CIRCLE FAIRFIELD, IA 52556		\$ 100-	<input type="checkbox"/>
10/15/08	ID# CK#	MARY SUE SCHWARTZ 1613 PLEASANT PLAIN RD FAIRFIELD, IA 52556 641-472-8332		\$ 500-	<input type="checkbox"/>
10/20/08	ID# CK#	MAUREEN WYNNE R.O. BOX 581 FAIRFIELD, IA 52556		\$ 100-	<input type="checkbox"/>
10/20/08	ID# CK#	STEVEN L WINN 1301 HILLTOP FAIRFIELD, IA 52556		\$ 100-	<input type="checkbox"/>
10/21/08	ID# CK#	KATHERINE HAY 702 E LOWE AVE FAIRFIELD, IA 52556		\$ 50-	<input type="checkbox"/>
10/23/08	ID# CK#	KATHLEEN RUDNEY 2458 167TH ST FAIRFIELD, IA 52556		\$ 250-	<input type="checkbox"/>
10/24/08	ID# CK#	JAMES PEARSON 506 N 4TH ST FAIRFIELD, IA 52556		\$ 200-	<input type="checkbox"/>
10/24/08	ID# CK#	D + M ROGEL 906 E MOUROE FAIRFIELD, IA 52556		\$ 100-	<input type="checkbox"/>
11/20/08	ID# CK#	CHERYL SWIFT 501 N 4TH ST KEOSAUQUA, IA 52556		\$ 100-	<input type="checkbox"/>
11/4/08	ID# CK#	WALLY DEVASIER R.O. BOX 1992 FAIRFIELD IA 52556		\$ 100-	<input type="checkbox"/>
SUB-TOTAL				\$ 1600-	
TOTAL (if last page of this schedule)				\$ —	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/20/08	ID# CK#	SMALL CASH CONTRIBUTION		\$ 20-	<input type="checkbox"/>
11/4/08	ID# CK#			\$ 10-	<input type="checkbox"/>
11/12/08	ID# CK#	11		\$ 5-	<input type="checkbox"/>
6/11/09	ID# CK#	WILLIAM RICHARDS 806 W GAINES AVE FAIRFIELD, IA 52556		\$ 999	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 4499

TOTAL (if last page of this schedule)

\$ 6499

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Richards for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/24/08	ID# CK# 1003	WALKER'S OFFICE SUPPLIES, INC. 109-11 W BROADWAY FAIRFIELD, IA 52556	Self inking stamp: "www.willrichardsfor supervisor.com"	\$24.88
10/30/08	ID# CK# 1006	FAIRFIELD LEDGER FAIRFIELD, IA 52556	Advertising	\$199.36
10/24/08	ID# CK# 1002	FULL HOUSE SIGNS KANSAS CITY MO	YARD SIGNS	\$620.00
10/26/08	ID# CK# 1004	HY VEE FAIRFIELD	ICE CREAM FOR SUPPORTERS RALLY AT DEM HDQ	\$14.54
11/1/08	ID# CK# 1122	KMCD N COUNT FAIRFIELD, IA 52556	Radio ads	\$360.00
11/3/08	ID# CK# 1123	FAIRFIELD WEEKLY READER FAIRFIELD, IA	NEWS PAPER AD	\$120.00
11/9/08	ID# CK# 1124	KMCD N COUNT FAIRFIELD, IA	Radio ads	\$120.00
SUB-TOTAL				\$1,458.78
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Richards for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/2/05		IOWA STATE BANK SERVICE CHARGE 300001055 FAIRFIELD, IA 52556		\$ 1.03
11/7/05	ID# CK#	"	"	\$ 2.14
12/5/05	ID# CK#	"	"	\$ 1.07
1/2/09	ID# CK#	"	"	\$ 1.07
2/6/09	ID# CK#	"	"	\$ 1.07
10/30/05	ID# CK# 1005	WALL MART FAIRFIELD, IA 52556	OFFICE SUPPLIES	2.23
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 8.65

TOTAL (if last page of this schedule) \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Richards for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/20/09	ID# CK#	IOWA STATE BANK FAIRFIELD, IA	COPIES OF CHECKS	\$ 856
3/20/09	ID# CK#	"	CHECKING SERVICE CHARGE + TAX	118
4/17/09	ID# CK#	"	"	107
5/15/09	ID# CK#	"	"	107
6/10/09	ID# CK#	WILLIAM RICHARDS 806 W GRIMES AVE FAIRFIELD, IA 52556	SEE SCHEDULE D OF REPORT DATED 10/19/08 OFFICE SUPPLIES + SIGN MAKING SUPPLIES	12543
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 13731
TOTAL (if last page of this schedule)				\$ 1,60474

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

RESET

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAY**☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
10/31/08	RAPHAEL BUKYES 5320 ST FAIRFIELD IA		\$ 50-

TOTAL CASH REPAYMENTS (PART II) \$ 50-

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0-

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(for Schedule F)